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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications<br>under 37 CFR 1.53(b)) | Attorney Docket No.    | AA540C                             |
|   | First Inventor         | Mikio Uchida                       |
|   | Assignee               | The Procter & Gamble Company       |
|   | Title                  | ANHYDROUS COSMETIC<br>COMPOSITIONS |
|   | Express Mail Label No. | EL990666854US                      |

03917 U.S. PTO  
10/632375  
08/01/03

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| <b>APPLICATION ELEMENTS</b><br>See MPEP Chapter 600 concerning utility patent application contents. | <b>Box Patent Application</b><br>ADDRESS TO: Assistant Commissioner for Patents<br>Washington, D.C. 20231 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)  | 6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)   |
| 2. <input checked="" type="checkbox"/> Specification Total Pages [43]<br>(preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive Title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to sequence listing, a table, or a computer<br/>program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>   | 7. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul></li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul>  |
| 3. <input type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets <input type="checkbox"/>   | <b>ACCOMPANYING APPLICATION PARTS</b><br>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br>(when there is an assignee)<br>10. <input type="checkbox"/> English Translation Document (if applicable)<br>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 Citations<br>12. <input type="checkbox"/> Preliminary Amendment<br>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)<br>15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C.<br>122(b)(2)(B)(i). Applicant must attach form<br>PTO/SB/35 or its equivalent.<br>16. <input checked="" type="checkbox"/> Other: Associate Power of Attorney..... |
| 4. Oath or Declaration Total pages [2] <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br/>(for continuation/divisional with Box 17 complete)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b><br/>Signed statement attached deleting inventor(s)<br/>named in the prior application,<br/>see 37 CFR §§1.63(d)(2) and 1.33(b).</li></ul></li></ul>   |  |
| 5. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR §1.76  |  |
| 17. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information below and in a preliminary<br>amendment, or in an Application Data Sheet under 37 CFR §1.76:<br><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>PCT/US01/03425</u><br>Prior application information: Examiner: _____ Group/Art Unit: _____<br><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b,<br>is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation<br>can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |  |
| <b>19. CORRESPONDENCE ADDRESS</b>  |  |

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| Name (Print/Type) | Linda M. Sivik        | Registration No. (Agent) | 44,982         |
| Signature         | <i>Linda M. Sivik</i> | Date                     | August 1, 2003 |

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(Revised for P&G use 4/22/02)



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| <b>FEE TRANSMITTAL</b><br><b>for FY 2003</b><br>Patent fees are subject to annual revision. | <b>C mplete if Known</b> |                |
|   | Application Number       |                |
|   | Confirmation Number      |                |
|   | Filing Date              | August 1, 2003 |
|   | First Named Inventor     | Mikio Uchida   |
|   | Examiner Name            |                |
|   | Group/Art Unit           |                |
| TOTAL AMOUNT OF PAYMENT (\$750.00)  | Attorney Docket No.      | AA540C         |

| <b>METHOD OF PAYMENT (check one)</b>  |                     | <b>FEE CALCULATION (continued)</b>   |                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|---|---------------------|--|----------------------------|-----------------|----------|-----------------|----------|--------------------|----------|-----------------------------------|--------------------------|-------------------|--------------------------|--|--------------------------|--------------------|--------------------------|---------------------------|--------------------------|------------------------|--------------------------|--|--------------------------|------|---------------------|--|--------------------------|------|--------------|---|--------------------------|--------------|---------------------|--|--------------------------|--------------------|-------------------|--|--------------------------|--------------------|-----|--|----------------------------|------|-------|--|--------------------------|------|------------------------|--|--------------------------|-----------------------------------|------|------------------|---------------------------------------|------|-----|---|--------------------------|------|---|--------------------------|--------------------------|------|-------------------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account Number 16-2480<br>Deposit Account Name The Procter & Gamble Company<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17   |                     | 3. <b>ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>410</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>930</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,450</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>1,970</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>320</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>320</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>280</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,300</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,300</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>470</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Petitions related to provisional applications (37 C.F.R. 1.17(q))</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>750</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>750</td><td>For each additional invention to be examined (37 CFR §1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>750</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1300</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> </tbody> </table> |                            | Code            | (\$)     | Fee Description | Fee Paid | 1051               | 130      | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052              | 50                       | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053               | 130                      | Non-English specification | <input type="checkbox"/> | 1812                   | 2,520                    | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804 | 920*                | Requesting publication of SIR prior to Examiner's action   | <input type="checkbox"/> | 1805 | 1,840*       | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251         | 110                 | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252               | 410               | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253               | 930 | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/>   | 1254 | 1,450 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255 | 1,970                  | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401                              | 320  | Notice of Appeal | <input type="checkbox"/>              | 1402 | 320 | Filing a brief in support of an appeal            | <input type="checkbox"/> | 1403 | 280   | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510             | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,300 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,300 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 470 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Petitions related to provisional applications (37 C.F.R. 1.17(q)) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 750 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 750 | For each additional invention to be examined (37 CFR §1.129(b)) | <input type="checkbox"/> | 1801 | 750 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1300 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> |
| Code  | (\$)                | Fee Description  | Fee Paid                   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1051  | 130                 | Surcharge-late filing fee or oath  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1052  | 50                  | Surcharge-late provisional filing fee or cover sheet   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1053  | 130                 | Non-English specification  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1812  | 2,520               | For filing a request for <i>ex parte</i> reexamination   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1804  | 920*                | Requesting publication of SIR prior to Examiner's action   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1805  | 1,840*              | Requesting publication of SIR after Examiner's action  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1251  | 110                 | Extension for reply within 1 <sup>st</sup> month   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1252  | 410                 | Extension for reply within 2 <sup>nd</sup> month   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1253  | 930                 | Extension for reply within 3 <sup>rd</sup> month   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1254  | 1,450               | Extension for reply within 4 <sup>th</sup> month   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1255  | 1,970               | Extension for reply within 5 <sup>th</sup> month   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1401  | 320                 | Notice of Appeal   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1402  | 320                 | Filing a brief in support of an appeal   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1403  | 280                 | Request for oral hearing   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1451  | 1,510               | Petition to institute a public use proceeding  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1452  | 110                 | Petition to revive - unavoidable   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1453  | 1,300               | Petition to revive - unintentional   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1501  | 1,300               | Utility issue fee (or reissue)   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1502  | 470                 | Design issue fee   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1460  | 130                 | Petitions to the Commissioner  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1807  | 50                  | Petitions related to provisional applications (37 C.F.R. 1.17(q))  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1806  | 180                 | Submission of Information Disclosure Statement   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1809  | 750                 | Filing a submission after final rejection (37 CFR § 1.129(a))  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1810  | 750                 | For each additional invention to be examined (37 CFR §1.129(b))  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1801  | 750                 | Request for Continued Examination (RCE)  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1802  | 900                 | Request for expedited examination of a design application  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1454  | 1300                | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |                     |  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |                     |  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>FEE CALCULATION</b><br>1. <b>BASIC FILING FEE – Large Entity</b><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>Utility filing fee</td><td>[750.00]</td></tr> <tr><td>1002</td><td>330</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>750</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td><b>(\$)[750.00]</b></td></tr> </tbody> </table> |                     | Code   | (\$)                       | Fee Description | Fee Paid | 1001            | 750      | Utility filing fee | [750.00] | 1002                              | 330                      | Design filing fee | <input type="checkbox"/> | 1004   | 750                      | Reissue filing fee | <input type="checkbox"/> | 1005                      | 160                      | Provisional filing fee | <input type="checkbox"/> | <b>SUBTOTAL (1)</b>                                    |                          |      | <b>(\$)[750.00]</b> | 2. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity</b><br><table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>[20] - 20** = [0] x</td> <td>[18.00]</td> <td>= [0.00]</td> </tr> <tr> <td>Independent Claims</td> <td>[1] - 3** = [0] x</td> <td><input type="checkbox"/></td> <td>= [0.00]</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td><input type="checkbox"/></td> <td>= <input type="checkbox"/></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td></tr> <tr><td colspan="3"><b>SUBTOTAL (2)</b></td><td><b>(\$)[0.00]</b></td></tr> </tbody> </table> |                          |      | Extra Claims | Fee from Below  | Fee Paid                 | Total Claims | [20] - 20** = [0] x | [18.00]  | = [0.00]                 | Independent Claims | [1] - 3** = [0] x | <input type="checkbox"/>                         | = [0.00]                 | Multiple Dependent |     | <input type="checkbox"/>                         | = <input type="checkbox"/> | Code | (\$)  | Fee Description                                  | 1202                     | 18   | Claims in excess of 20 | 1201   | 84                       | Independent claims in excess of 3 | 1203 | 280              | Multiple dependent claim, if not paid | 1204 | 84  | **Reissue independent claims over original patent | 1205                     | 18   | **Reissue claims in excess of 20 & over original patent | <b>SUBTOTAL (2)</b>      |                          |      | <b>(\$)[0.00]</b> |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code  | (\$)                | Fee Description  | Fee Paid                   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1001  | 750                 | Utility filing fee   | [750.00]                   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1002  | 330                 | Design filing fee  | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1004  | 750                 | Reissue filing fee   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1005  | 160                 | Provisional filing fee   | <input type="checkbox"/>   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (1)</b>   |                     |  | <b>(\$)[750.00]</b>        |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|   | Extra Claims        | Fee from Below   | Fee Paid                   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Total Claims  | [20] - 20** = [0] x | [18.00]  | = [0.00]                   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Independent Claims  | [1] - 3** = [0] x   | <input type="checkbox"/>   | = [0.00]                   |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Multiple Dependent  |                     | <input type="checkbox"/>   | = <input type="checkbox"/> |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code  | (\$)                | Fee Description  |                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1202  | 18                  | Claims in excess of 20   |                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1201  | 84                  | Independent claims in excess of 3  |                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1203  | 280                 | Multiple dependent claim, if not paid  |                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1204  | 84                  | **Reissue independent claims over original patent  |                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1205  | 18                  | **Reissue claims in excess of 20 & over original patent  |                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>SUBTOTAL (2)</b>   |                     |  | <b>(\$)[0.00]</b>          |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|   |                     | * Reduced by Basic Filing Fee Paid<br><b>SUBTOTAL(3) (\$)[0.00]</b>  |                            |                 |          |                 |          |                    |          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |      |                     |  |                          |      |              |   |                          |              |                     |  |                          |                    |                   |  |                          |                    |     |  |                            |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                          |      |   |                          |                          |      |                   |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |

|                     |                       |                                 |                |
|---------------------|-----------------------|---------------------------------|----------------|
| <b>SUBMITTED BY</b> |                       | <b>Complete (if applicable)</b> |                |
| Name (Print/Type)   | Linda M. Sivik        | Registration No.                | 44,982         |
| Signature           | <i>Linda M. Sivik</i> | Telephone                       | (513) 626-4122 |
|                     |                       | Date                            | 8/1/03         |

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